Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Main Document Page 1 of 15

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

CHAPTER 13 PLAN AND RELATED MOTIONS

| Name of | Debtor | (s): | Michael T. Mansfield Amanda W. Mansfield | Case No: 15-30892 | |
|---|--|--|--|--|---|
| This plan | , dated _ | June | 97, 2019 , is: | | |
| | | ✓ | the <i>first</i> Chapter 13 plan filed in this case. a modified Plan, which replaces the ✓ confirmed or ☐ unconfirmed Plan dated | | |
| | | | Date and Time of Modified Plan Confirmation Hearing: | | |
| | | | lan provisions modified by this filing are: | | |
| | | Credit No i | ors affected by this modification are: | | |
| 1. Notice | s | | | | |
| To Credi | itors: | | | | |
| wish to co If you op confirma Court. T | onsult of the one of t | one. e plan ^s least 7 krupto | s with your attorney if you have one in this bankruptcy case. Is treatment of your claim or any provision of this plan, you days before the date set for the hearing on confirmation, uney Court may confirm this plan without further notice if no confirmation, you may need to file a timely proof of claim in | or your attorney m less otherwise orde bjection to confire | ust file an objection to red by the Bankruptcy nation is filed. See |
| The follo | wing m | atters | may be of particular importance. | | |
| | | | e box on each line to state whether or not the plan includes eled" or if both boxes are checked, the provision will be ineffe | | |
| | | | amount of a secured claim, set out in Section 4.A which may tial payment or no payment at all to the secured creditor | ✓ Included | ☐ Not included |
| B. A | Avoidan | ice of a | judicial lien or nonpossessory, nonpurchase-money st, set out in Section 8.A | ☐ Included | ✓ Not included |
| C. | Nonstan | dard p | provisions, set out in Part 12 | ☐ Included | ✓ Not included |
| I Other pay | per mor | nth for to the T | an. The debtor(s) propose to pay the Trustee the sum of \$471.61 9 months. Trustee are as follows: _ in month60 | per month for 51 r | nonths, then \$1,550.00 |
| | The tota | al amou | ant to be paid into the Plan is \$41,952.11 | | |
| 3. | Priority | Credi | tors. The Trustee shall pay allowed priority claims in full unless | s the creditor agrees | otherwise. |
| 1 | A. | Admi | nistrative Claims under 11 U.S.C. § 1326. | | |

The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums

received under the plan.

1.

Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Main Document Page 2 of 15

| ^ | α 1 | 1 | 1 |
|----|------------|-------|------|
| ') | ('hec | k one | hov: |
| | | | |

- Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.

B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

| Creditor | Type of Priority | Estimated Claim | Payment and Term |
|--------------------------|-------------------------------|-----------------|------------------|
| Hanover County | Taxes and certain other debts | 0.00 | Prorata |
| | | | 0 months |
| Internal Revenue Service | Taxes and certain other debts | 9,089.96 | Prorata |
| | | | 9 months |
| Virginia Department of | Taxes and certain other debts | 600.40 | Prorata |
| Taxatio | | | 9 months |

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
 - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

CreditorCollateralPurchase DateEst. Debt Bal.Replacement ValueGecrb/HavertysCouch, Love Seat, CoffeeOpened 4/25/10 Last1,400.00200.00

Table, Area Rug --- Active 10/05/11

Adequate Protection: \$25

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

C. Adequate Protection Payments.

Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Main Document Page 3 of 15

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

CreditorCollateralAdeq. Protection Monthly PaymentTo Be Paid ByEsb/Harley Davidson Cr2005 Harley Davidson
Springer Classic Miles 35,000
Adequate Protection \$100/mo108.00PFS2013 Mazda 3 52,000 Miles
Adequate Protection \$130130.00

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

| Creditor | Collateral | Approx. Bal. of Debt or "Crammed Down" Value | Interest Rate | Monthly Payment & Est. Term |
|------------------------|---|--|---------------|-----------------------------|
| Esb/Harley Davidson Cr | 2005 Harley Davidson Springer Classic Miles 35,000 Adequate Protection \$100/mo | 10,879.14 | 4.25% | Prorata 50months |
| PFS | 2013 Mazda 3 52,000 Miles Adequate Protection \$130 | 13,655.23 | 4.25% | Prorata 50months |
| Gecrb/Havertys | Couch, Love Seat, Coffee Table, Area Rug Adequate Protection: \$25 | 0.00 | 0% | Prorata 50months |

E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

5. Unsecured Claims.

- **A. Not separately classified.** Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately _____4___%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately _____0___%.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s)

Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Main Document Page 4 of 15

principal residence is a default under the terms of the plan.

| | principal residence is a default t | inger the terms of the pla | n. | | |
|--------------------|--|---|---|---|---------------------------------|
| Creditor | <u>Collateral</u> | _ | imated_ Arrearaş earage Interest | ge Estimated Cure Rate Period | Monthly Arrearage Payment |
| -NONE- | | | | | |
| В. | Trustee to make contract payregular contract monthly payme debts shall be cured by the Trus below. | nts that come due during | the period of this P | lan, and pre-petition ar | rearages on such |
| Creditor | Collateral | Regular Contrac | | Interest Rate Monthl | |
| -NONE- | | <u>Payment</u> | <u>Arrearage</u> | <u>Arrearage</u> | ge & Est. Term |
| C. | Restructured Mortgage Loans constituting the debtor(s)' prince payment under the Plan is due so 1322(c)(2) with interest at the rate | ipal residence upon which hall be paid by the Trusto | n the last scheduled e during the term o | contract payment is du | ue before the final |
| Creditor -NONE- | <u>Collateral</u> | Interest Ra | Estimated Clain | Monthly Pay | ment & Term |
| | ired Leases and Executory Cont meshare agreements listed below. A. Executory contracts a | racts. The debtor(s) mov | - | • | |
| | contracts: | ina unexpired leases to | be rejected. The de | otor(s) reject the rollov | wing executory |
| Creditor -NONE- | Type of C | ontract | | | |
| В. | Executory contracts and unex contracts. The debtor(s) agree to arrearages, if any, through paymindicated below. | abide by all terms of the | agreement. The T | rustee will pay the pre- | petition |
| Creditor | Type of Contract | <u>Arrearage</u> | Monthly Arrears | Payment for Estimat | ted Cure Period |
| -NONE- | | | | | |
| 8. Liens | Which Debtor(s) Seek to Avoid. | | | | |
| A. | The debtor(s) move to avoid li judicial liens and non-possessor written objection is timely file creditor's lien. If an objection i hearing. | y, non-purchase money l d with the Court, the C | ens that impair the ourt may grant the | debtor(s)' exemptions. e debtor(s)' motion an | Unless a d cancel the |
| Creditor -NONE- | <u>Collateral</u> | Exemption 1 | Basis Exempti | on Amount Value of | of Collateral |
| В. | Avoidance of security interests will file and serve separate advessional review the notice or sum relief. The listing here is for inf | rsary proceedings to avo mons accompanying suc | id the following lier | is or security interests. | The creditor |
| Creditor | Type of Lien | Description of | | | |

Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Mair Document Page 5 of 15

9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any
 contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

 Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 12. Nonstandard Plan Provisions

| V | None. | If "None" | is checked, | the rest o | of Part 12 | 2 need no | ot be com | pleted or r | eproduced. |
|----------|-------|-----------|-------------|------------|------------|-----------|-----------|-------------|------------|
| | - 10 | | | , | | | | p | |

| Dated: June 7, 2019 | |
|----------------------------|------------------------------|
| /s/ Michael T. Mansfield | /s/ Christopher M. Winslow |
| Michael T. Mansfield | Christopher M. Winslow 76156 |
| Debtor 1 | Debtors' Attorney |
| /s/ Amanda W. Mansfield | |
| Amanda W. Mansfield | |
| Debtor 2 | |

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the Local Form Plan, other than any nonstandard provisions included in Part 12.

Exhibits: Copy of Debtor(s)' Budget (Schedules I and J); Matrix of Parties Served with Plan

Certificate of Service

I certify that on June 7, 2019, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

| s/ Christopher M. Winslow |
|------------------------------|
| Christopher M. Winslow 76156 |
| Signature |
| |
| 324 Sycamore Square |
| Midlothian, VA 23113 |
| Address |
| |
| 304-423-1382 |
| Telephone No. |

Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Main Document Page 6 of 15

CERTIFICATE OF SERVICE PURSUANT TO RULE 7004

| | Christopher M. Winslow 76156 | |
|--|--|--|
| | /s/ Christopher M. Winslow | |
| by certified mail in conformity with the requirements of Rule 700- | 4(h), Fed.R.Bankr.P | |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | 04(b), Fed.R.Bankr.P.; or | |
| following creditor(s): | | |
| I hereby certify that on true copies of the forgoing | Chapter 13 Plan and Related Motions were served upon the | |

Filed 06/07/19 Entered 06/07/19 16:17:26 Case 15-30892-KLP Doc 78 Page 7 of 15 Document

| Fill in this information to identify your case: | |
|--|--|
| Debtor 1 Michael T. Mansfield | |
| Debtor 2 Amanda W. Mansfield (Spouse, if filing) | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA | |
| Case number (If known) 15-30892 | Check if this is: ■ An amended filing □ A supplement showing postpetition chapter |
| Official Form 106I | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
|---|----------------------|----------------|---|
| If you have more than one job, | Employment status | ■ Employed | ■ Employed |
| attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| employers. | Occupation | Helper | Paralegal |
| Include part-time, seasonal, or self-employed work. | Employer's name | Empire | North Law |
| Occupation may include student or homemaker, if it applies. | Employer's address | VA | 5913 Harbour Park Drive Midlothian, VA 23112 |
| | How long employed to | nere? 2019 | 2009 |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,620.00 2,773.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 1,040.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,813.00 4,620.00

Schedule I: Your Income Official Form 106I page 1

Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Main Document Page 8 of 15

| Debt Debt | | Michael T. Mansfield Amanda W. Mansfield | | Case number (if known) | 15-30892 |
|--------------|--------------------|--|-------------|---------------------------|---|
| | Cop | py line 4 here | 4. | For Debtor 1 \$ 3,813.00 | For Debtor 2 or non-filing spouse \$ 4,620.00 |
| _ | Lint | | | | |
| 5. | | t all payroll deductions: | r- | ¢ | ф |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ 897.00 | \$ 978.00 |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ 0.00 | \$ 0.00 |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ 0.00 | \$138.00_ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ 0.00 | \$ 0.00 |
| | 5e. | Insurance | 5e. | \$ 0.00 | \$ 176.00 |
| | 5f. | Domestic support obligations | 5f. | \$ <u>0.00</u> \$ 0.00 | \$ 0.00 |
| | 5g. | Union dues | 5g. 5h.+ | 0.00 | \$ 0.00 |
| | 5h. | Other deductions. Specify: | _ 511.+ | \$ 0.00 | + \$ |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ 897.00 | \$1,292.00 |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ 2,916.00 | \$3,328.00 |
| 8. | List 8a. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | |
| | 01 | monthly net income. | 8a. | \$0.00 | \$ 0.00 |
| | 8b. | Interest and dividends | 8b. | \$0.00 | \$ |
| | 8c. 8d. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ 0.00 \$ 0.00 | \$ 0.00 \$ 0.00 |
| | 8e. | Social Security | 8e. | \$0.00 | \$ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$0.00 | \$0.00_ |
| | 8g. | Pension or retirement income | 8g. | \$ 0.00 | \$0.00_ |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$0.00 | + \$ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$0.00 | \$0.00 |
| 10. | | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 2,916.00 + \$_ | 3,328.00 = \$ 6,244.00 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depen | • | |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain slies | | | |
| 13. | Do | you expect an increase or decrease within the year after you file this form No. | ? | | monthly income |
| | | Yes. Explain: Debtor does not expect any changes in income of covered by health insurance, cost of medication Wife no longer receives income on 1099. | | | |

Official Form 106l Schedule I: Your Income page 2

| Eill | in this informs | ation to identify yo | our case. | | | | | | | | |
|-------------------|--|--|--|---|-----------------------|--------------|--------------------------------------|-----------------|-------------------------------|-----|--|
| | | | | | | O.b. | 1- : | fulle te. | | | |
| Deb | tor 1 | Michael T. Mansfield | | | | | Check if this is: An amended filing | | | | |
| Deb | tor 2 | Amanda W. | Mansfield | 1 | | | | ū | ving postpetition chapt | er | |
| (Spc | ouse, if filing) | 7.11101100 | | - | | _ | 13 | expenses as of | the following date: | | |
| Unit | ed States Bank | ruptcy Court for the | EASTE | RN DISTRICT OF VIRGIN | IA | | M | M / DD / YYYY | | | |
| | | 5-30892 | | | | | | | | | |
| (lf kı | nown) | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | |
| | | J: Your | Exper | 1989 | | | | | 4 | 2/1 | |
| Be info nun | as complete ormation. If m nber (if know | and accurate as nore space is ne n). Answer ever | s possible. eded, atta ry question | If two married people ar ch another sheet to this | | | | | or supplying correct | | |
| Par 1. | Is this a join | ribe Your House nt case? | noia | | | | | | | | |
| | ☐ No. Go to | | | | | | | | | | |
| | Yes. Doe | es Debtor 2 live | in a separ | ate household? | | | | | | | |
| | | lo | | | | | | | | | |
| | □Y | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | hold of De | ebtor | 2. | | | |
| 2. | Do you hav | e dependents? | □ No | | | | | | | | |
| | Do not list Debtor 1 and | | | Fill out this information for each dependent | | | | Dependent's age | Does dependent live with you? | | |
| | Do not state | the | | | | | | | □ No | | |
| | dependents | names. | | | Nephew | | | 6 | Yes | | |
| | | | | | Daughter | | | 20 | □ No | | |
| | | | | | Daughter | | | 20 | ■ Yes □ No | | |
| | | | | | | | | | ☐ Yes | | |
| | | | | | | | _ | | □ No | | |
| • | D | | _ | | | | | | ☐ Yes | | |
| 3. | • | penses include of people other t | han | No | | | | | | | |
| | yourself an | d your depende | nts? ⊔ | Yes | | | | | | | |
| Est exp | imate your e | a date after the l | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | | |
| | | | | government assistance i | | | | | | | |
| | ficial Form 10 | | a nave nit | nadou it on conedule I. I | | | | Your exp | enses | | |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | - - 4. | \$ | | 0.00 | | |
| | If not include | ded in line 4: | | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 | | |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 | | |
| | | | • | ipkeep expenses | | 4c. | | | 250.00 | | |
| 5. | | eowner's associat | | dominium dues our residence, such as ho | me equity loops | 4d. 5. | _ | | 0.00 0.00 | | |
| J. | Additional | or tgage payiili | JANUA TOT YO | , a. 1001a01100, 30011 a3 110 | mo oquity idalia | ٥. | Ψ | | 0.00 | | |

Case 15-30892-KLP Doc 78 Filed 06/07/19 Entered 06/07/19 16:17:26 Desc Main Document Page 10 of 15

| | tor 1 Michael T. Mansfield tor 2 Amanda W. Mansfield | Case number (if known | 15-30892 |
|-----|--|-----------------------|----------|
| 6. | Utilities: | | |
| ٥. | 6a. Electricity, heat, natural gas | 6a. \$ | 275.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ | 40.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 551.40 |
| | 6d. Other. Specify: | 6d. \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. \$ | 963.00 |
| 8. | Childcare and children's education costs | 8. \$ | 253.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. \$ | 264.00 |
| 10. | Personal care products and services | 10. \$ | 75.00 |
| 11. | Medical and dental expenses | 11. \$ | 450.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | 12. \$ | 392.00 |
| 12 | Do not include car payments. | · - | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | · | 145.00 |
| | Charitable contributions and religious donations | 14. \$ | 433.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. \$ | 31.40 |
| | 15b. Health insurance | 15b. \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. \$ | 266.42 |
| | 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| | Specify: Personal Property Tax \$479.74 | 16. \$ | 25.00 |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | 17c. Other. Specify: Vehicle Upkeep 2005 & 2013 | 17c. \$ | 170.00 |
| | 17d. Other Specify: Misc. Expenses | 17d. \$ | 175.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report a | | 0.00 |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I) | | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | \$ | 0.00 |
| 20 | Specify: | 19. | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sch 20a. Mortgages on other property | 20a. \$ | 0.00 |
| | 20b. Real estate taxes | 20b. \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 33.33 |
| | 20e. Homeowner's association or condominium dues | 20d. \$ | 0.00 |
| 21 | Other: Specify: | 21. +\$ | 0.00 |
| ۷۱. | Other: Specify. | ΖΙ. 'Ψ | 0.00 |
| 22. | Calculate your monthly expenses | | |
| | 22a. Add lines 4 through 21. | \$ | 4,792.55 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 4,792.55 |
| 00 | | | · |
| 23. | Calculate your monthly net income. | 220 ° | 0.044.00 |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 6,244.00 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 4,792.55 |
| | 23c. Subtract your monthly expenses from your monthly income. | | |
| | The result is your monthly net income. | 23c. \$ | 1,451.45 |
| | The restain by your monthly net month. | L | · |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: The Debtors do not anticipate any changes to income or expenses. The Debtors are responsible for all repairs and upkeep at the home they currently reside in. All 4 houshold members wear glasses/contacts. The wife has been under doctors care since 2009. The medication perscribed is not covered by health insurance. The cost of the doctor visit and medication monthly is \$448.50

Bass & Associates, P.C. 3936 E. Ft. Lowell Rd; #200 Tucson, AZ 85712

BB & T 4251 Fayetteville Rd. Munich, ND 58352

Bon Secours Mem. Regional Med. 8620 Atlee Road Mechanicsville, VA 23116

Capital One P.O. Box 30281 Salt Lake City, UT 84130

Chippenham Johnston-Willis Post Office Box 13620 Richmond, VA 23225

Citi Po Box 6241 Sioux Falls, SD 57117

Clarity Services, Inc. P.O.Box 5717 Clearwater, FL 33758

Continental Emergency Services 111 Bulifants Blvd. Suite B Williamsburg, VA 23188

Country Door 1112 7th Avenue Monroe, WI 53566-1364

Credit One Bank PO Box 98875 Las Vegas, NV 89193

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850 Dominion Virginia Power Attn: System Credit Post Office Box 26666 Richmond, VA 23261

Esb/Harley Davidson Cr Po Box 21829 Carson City, NV 89721

Fingerhut 11 McLeland Road Post Office Box 2900 Saint Cloud, MN 56395

Gecrb/Amzn Po Box 981432 El Paso, TX 79998-1432

Gecrb/Havertys 950 Forrer Blvd Kettering, OH 45420

Gecrb/Jcp P.O. Box 965009 Orlando, FL 32896

Gecrb/Walmart Dc Po Box 981400 El Paso, TX 79998

Gettington 6509 Flying Cloud Dr Eden Prairie, MN 55344

Gettington PO Box 166 Newark, NJ 07101-0166

Hanover County M. Scott Miller, Treasurer PO Box 91730 Richmond, VA 23291-1730 Haverty's Funiture Co. Inc. Corporation Service Company P.O. Box 1463 Richmond, VA 23218-1463

Hsbc/Bstby 1405 Foulk Road Wilmington, DE 19808

Hsbc/Herbe Po Box 15524 Wilmington, DE 19850

Internal Revenue Service Insolvency Unit Post Office Box 7346 Philadelphia, PA 19114

Jeff Emmett, President GE Capital 140 Wekiva Springs Road Longwood, FL 32779

Jefferson Capital Sys 16 Mcleland Raod Saint Cloud, MN 56303

John Randolph Medical Center P. O. Box 538658 Atlanta, GA 30353

Joseph W. Elrod, Jr. DDS Bryson K. Dunham D.D.S. 7516 Right Frank Rd. Mechanicsville, VA 23116

MCV Physicians PO Box 91747 Richmond, VA 23291

Merrick Bank Post Office Box 5000 Draper, UT 84020-5000 Midland Funding 8875 Aero Dr. Ste 200 San Diego, CA 92123

Miramedrg 991 Oak Creek Dr Lombard, IL 60148

Mnet Financial 8262 Atlee Rd. Suite 100 Mechanicsville, VA 23116

Mnet Financial 95 Argonaut Suite 250 Aliso Viejo, CA 92656

Nationwide One Nationwide Plaza Columbus, OH 43215

One Hampton Medical 3475 Monentum Place Chicago, IL 60689

PFS 5400 D. Glenside Drive Henrico, VA 23228

Professional Anesthesia Group 8260 Atlee Road Mechanicsville, VA 23116

Pulmonary Associates of Rich 1000 Boulders Pkwy 102 Richmond, VA 23225

R.A. Rogers, Inc. P.O. Box 3302 Crofton, MD 21114

Radiology Assoc. of Richmond P.O. Box 13343 Richmond, VA 23225

Recovery Management Systems 25 SE 2nd Avenue, Suite 1120 Miami, FL 33131-1605

Seventh Avenue 1112 7th Avenue Monroe, WI 53566-1364

The Foot Ankle Center, LLC 14205 Telegraph Rd. Woodbridge, VA 22192

United Consumers Post Office Box 4466 Woodbridge, VA 22194-4466

Us Bank/Na Nd 4325 17th Ave S Fargo, ND 58125

Verizon - Bankrutpcy Dept P.O. Box 3397 Wilmington, IL 61702

Virginia Department of Taxatio PO BOX 2156 Richmond, VA 23218-2156

Virginia Emergency Physicians Post Office Box 85080 Lock Box 4387 Richmond, VA 23285-4387